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John W. "J. J." Jackson Candidate's Name(print)	Sr. Sun 1	lalley G	I.D.
Candidate's Name(print)	Office	J	District (if applicable)
5286 Honey Bear Drive SJ Mailing Address (Include city and zip code)	n Valley. N	lev. 894	33 (775) 673-5643
Mailing Address (Include city and zip code)	Ji	•	Telephone Number

# REPORT NUMBER 3 - DUE JANUARY 15, 2001

Report Period **Begins:** October 26, 2000 Report Period **Ends:** January 5, 2001

#### **CONTRIBUTIONS SUMMARY**

1. From Report Numbers 1 and 2, total amount of contributions in excess of \$100	)/V//Y
2. From Report Numbers 1 and 2, total amount of contributions of \$100 or less	N/A
3. Report Number 3, total amount of contributions in excess of \$100	N/A
4. Report Number 3, total amount of contributions of \$100 or less	N/A
From Report Numbers 1, 2, and 3, actual number of contributions of \$100 or less	
6. Interest and income earned, if any, during this report period	N/A
7. TOTAL AMOUNT OF ALL CONTRIBUTIONS	1/4
(add lines 1 through 6)	<i>N</i> /A
EXPENSES SUMMARY	
8. From Report Numbers 1 and 2, total amount of expenses in	./.
excess of \$100	N/A
9. From Report Numbers 1 and 2, total amount of expenses of \$100	1110 22
or less	142-
10. Report Number 3, total amount of expenses in excess of \$100	<i>N/A</i>
11. Report Number 3, total amount of expenses of \$100 or less	N/A
12. TOTAL AMOUNT OF ALL EXPENSES	111022
(add lines 7 through 11)	146

If no contributions or expenses are listed during this Report Period, only this page of the report needs to be filed with your filing officer.

I declare unde	er penalty of perjury tha	t the foregoing is true and correct.	
Executed on	11/13/00	John W. Jackson M.	"Q,Q,"
ov Secretary of State	pate '	Signature of Candidate	00

Prescribed by Secretary of State NRS 294A 120, 294A 200 EL201 003(rev 04/00)

Total number of pages for this report

6

John W. "J.J," Jackson, Sr. Sun Valley G.I.D.

Candidate's Name (print)

Office

District (if applicable)

### Contributions in Excess of \$100 or, When Added Together Exceed \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK/ IF LOAN	CHECK / IF IN KIND
	, /			
		1		
/				

John W. J.J. "Jackson, Sr. Sun Valley G. I.D.

Candidate's Name (print) Office District (if applicable)

### Contributions of \$100 or less

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
	/		
		A //	7
			<i>/</i>

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John W. "J.J." Jackson, St. Sun Vulley G. I.D.

Candidate's Name (print)

Office

District (if applicable)

### **Expenses Categories**

CATEGORIES	CODE	TOTALS
Office expenses	A	
Expenses related to volunteers	В	
Expenses related to travel	С	
(Paint, Frames, Magnetes for Business Cards, 1800 Brachwas) Expenses related to advertising	D	112 22
Expenses related to paid staff	E	
Expenses related to consultants	F	
Expenses related to polling	G	
Expenses related to special events	Н	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses (Filing Fee)	J	3000

PAGE 4 OF 6

John W. J. J. Jackson, St.	Sun Valley G. I.D.	
Candidate's Name (print)	Office	District (if applicable)

### **Expenses in Excess of \$100**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE
A			

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page 5 of 6

John W. J. J. "Jackson, Sr.	Sun Valley G. I.D.		
Candidate's Name (print)	Office U	District (if applicable)	

# **Expenses of \$100 or Less**

DATE OFEACH EXPENDITURE	AMOUNT OF EACH EXPENDITURE	CATEGORY
5/15/00	3000	J
8/12/00	41 63	D
9/11/00	21 41	D
9/11/00	2754	D
9/20/00	3/32	
	***************************************	
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DATE OF EACH EXPENDITURE	AMOUNT OF EACH EXPENDITURE	CATEGORY
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